

SCREENING CONNECTIONS FOR LTSS SCREENERS

July 14, 2020

Presented by the Division for Aging and Disability Services

DMAS-DADS LTSS SCREENING UNIT



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PRESENTING TODAY: RAMONA SCHAEFFER & DENA SCHALL

Provides technical assistance with
the Screening Assistance Mailbox:

ScreeningAssistance@dmass.Virginia.gov

TODAYS CONVERSATION

- Updates and Reminders
- Hot Topic:
- Questions and Answers



Q: Will this PowerPoint be available after this call?

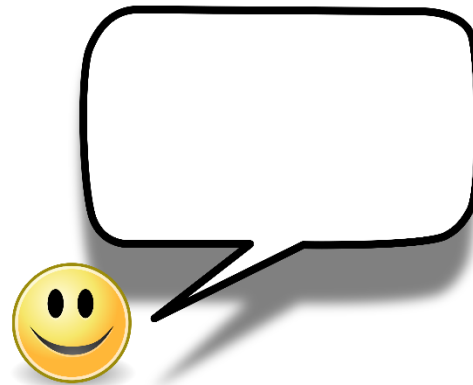
☐ Yes

<http://www.dmas.virginia.gov/#/longtermprograms>

☐ Choose tab SCREENING FOR LTSS at the top

Q:How do I ask a question during this call?

- ❑ Go to the Chat box to the right hand side and type in your question. If the box is not showing, near the bottom of your screen you should find an icon to “click” for the chat box.



Updates and Reminders

- Connector Call Participation
- Laws and Manual Revisions
- COVID-19 and LTSS Screenings
- Physician Training

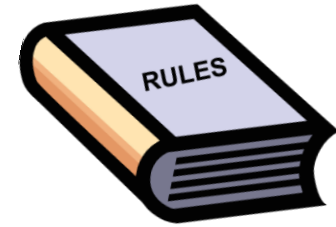


Update

LTSS Screening Connector Calls

- **Share with other Screening Staff**
- **Ideally “at least” one Screening member from each site**
- **Routinely, the Screening Connection calls are held the 2nd Tuesday of the Month at 3:30.**
Links for each call are distributed monthly

Update



LTSS Screening Revisions

- The Virginia Administrative Code and the Medicaid LTSS Screening Manual are being revised.
- Formal Medicaid Memos/Bulletins will be released when these are completed and active.
- **ALL PROCESSES SHOULD CONTINUE UNTIL NOTIFIED**
ie. Hospitals MUST continue to conduct LTSS Screenings for skilled nursing facility admissions (including rehab) until otherwise notified.

Reminder

Governor's Executive Orders 51 and 58

- DMAS Memo dated May 26, 2020 has been released outlining Virginia and CMS allowable practices and flexibilities related to the LTSS Screenings during Covid-19



Reminder

Flexibilities for Hospitals during Covid19 Emergency

- **As of March 12, 2020, Hospital Screening Teams are not REQUIRED to conduct LTSS Screenings** for individuals going to a Nursing Facility (LTSS Screening is not prohibited).
- Hospitals will continue to screen as usual for individuals choosing CCC Plus Waiver and PACE

- The DMAS 97 Choice Form is to still be completed on paper for these exempted screenings

Reminder

COVID19 Guidelines for Hospitals and CBTs

- Obtain verbal consent from the individual or authorized representative for the DMAS-97 Individual Choice form when two LTSS screeners/individuals verify the response.
- Both witnesses should sign the DMAS-97 indicating the individual's verbal choice, and this form should be maintained with the individual's case record. The original form should be sent to the selected provider and copy retained in the individuals chart.

Community Based Teams are currently using telehealth methods for LTSS screenings.

Individuals must be given a choice!

Reminder

PASRR Flexibilities

COVID19 flexibilities for the Federal PASRR Process
Level I and II for Nursing Facility Admissions

As referenced in the May 26, 2020 Memo Clarifications:
The requirement for the PASRR Process is temporarily suspended.

However, if an individual receives a Medicaid LTSS Screening, the PASRR process MUST be completed.

Hospital and Community Teams conducting screenings for NF Admissions should conduct the PASRR Level I and II if warranted per the LTSS Screening Process.

Reminders



Physician Training on LTSS Screenings

- Memo was released
- Online Training is available
- No current deadline for completion



HOTTOPIC

Valid LTSS Screenings





HOT TOPIC



What is a Valid LTSS Screening Packet?

A Valid LTSS Screening Packet has:

- The words “**Successfully Processed**” watermark in the top right hand corner of computer printed pages, and
- Must Include the signed 97 DMAS Choice Form

As of January 1, 2020, all screenings were to be conducted in ePAS



HOT TOPIC

“Successfully Processed” status applies to BOTH types of Screenings--- Screenings Authorizing Medicaid LTSS and those that do NOT Authorize Medicaid LTSS.

- To know if someone has been approved for LTSS the Medicaid Funded Long-Term Service Authorization form (DMAS-96) MUST be reviewed
- Item #3, Medicaid Authorization
Medicaid Services Authorized? YES or NO
Level of Care: CCC Plus Waiver (EDCD or Tech), PACE, or NF



HOT TOPIC

Successfully Processed

Status: Successfully Processed

Medicaid Funded Long-Term Care Service Authorization Form

FORM ID: [REDACTED]

1. Member Information

Last Name: [REDACTED] First Name: [REDACTED] Birth Date: [REDACTED]
Social Security: [REDACTED] Medicaid ID: [REDACTED] Sex: [REDACTED]

2. Medicaid Eligibility Information

Is Individual currently Medicaid eligible?: YES

Is Individual currently Auxiliary Grant eligible?: NO

Dept of Social Services: [REDACTED]
Eligibility Responsibility: [REDACTED]
Services Responsibility: [REDACTED]

3. Pre-Admission Screening Information (to be completed by ALF)

Medicaid Authorization

Medicaid Services Authorized?: YES
Reason No Medicaid Services Authorized: [REDACTED]

Level of Care: NURSING FACILITY (NF) SERVICE
Targeted Case Management for ALF?: [REDACTED]
ALF Reassessment Completed?: [REDACTED]
ALF Provider Name: [REDACTED]
ALF Provider Number: [REDACTED]

Look for form with this title.

When you see "Successfully Processed" it means the Screening PASSED ALL OF THE COMPUTER SYSTEM EDITS

Under item number 3, Medicaid Services Authorized YES, means the person met the level of care required to be eligible for NF, CCC Plus waiver (formerly called EDCD waiver) or PACE.

NO means the individual does not meet the required level of care. They are NOT eligible for NF, CCC Plus waiver or PACE.

Status: Successfully Processed

Medicaid Funded Long-Term Care Service Authorization Form

FORM ID: [REDACTED]

1. Member Information

Last Name: [REDACTED] First Name: [REDACTED] Birth Date: [REDACTED]
Social Security: [REDACTED] Medicaid ID: [REDACTED] Sex: [REDACTED]

2. Medicaid Eligibility Information

Is Individual currently Medicaid eligible?: YES

Is Individual currently Auxiliary Grant eligible?: NO

Dept of Social Services: [REDACTED]
Eligibility Responsibility: [REDACTED]
Services Responsibility: [REDACTED]

3. Pre-Admission Screening Information (to be completed by ALF)

Medicaid Authorization

Medicaid Services Authorized?: NO
Reason No Medicaid Services Authorized: [REDACTED]
OTHER SERVICES RECOMMENDED: [REDACTED]
Level of Care: [REDACTED]
Targeted Case Management for ALF?: [REDACTED]
ALF Reassessment Completed?: [REDACTED]
ALF Provider Name: [REDACTED]
ALF Provider Number: [REDACTED]
ALF Admit Date: [REDACTED]

Look for form with this title.

When you see "Successfully Processed" it means the Screening PASSED ALL OF THE COMPUTER SYSTEM EDITS

Under item number 3, Medicaid Services Authorized YES, means the person met the level of care required to be eligible for NF, CCC Plus waiver (formerly called EDCD waiver) or PACE.

NO means the individual does not meet the required level of care. They are NOT eligible for NF, CCC Plus waiver or PACE.



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Valid LTSS Screenings

- Screenings conducted before July 1, 2016 may not be available via the electronic system and may only exist in paper format or as noted in VAMMIS
- LTSS Screening documents are to be kept six (6) years for adults as required by record and retention laws. For Children, (6) years after the age of 21.
- If there are issues in providing a copy of the Screening, contact ScreeningAssistance@dmas.virginia.gov



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Submit

ePAS Submissions:

- Screening submissions are imported daily into the DMAS Virginia Medicaid Management Information System (VAMMIS)
- After submission, the status of the screening will show up in the ePAS status tracking on the day following the submission.



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ePAS Status Tracking

Information regarding the status of a Screening is listed in the ePAS Screening Status Tracking Summary. On this screen the Screenings are listed by date of assessment, reference ID number, and status.

Virginia Medicaid

Home Claims ▼ Member ▼ Service Authorization ▼ Payment History Provider Main

Pre-Admission Screening ▼ Assessment ▼ Provider Portal Secure Email Long Term

Pre-Admission Screening

The following is the list of available options within this category. Please make a selection for the link desired.

- UAI-A
- [Pre Admission Screening Status Tracking](#)
- [Pre Admission Screening File Upload](#)
- [Assessment Search](#)
- [Download Offline Forms](#)



HOT TOPIC

ePAS Status Tracking Review



Action Functions

- **Recall:** Used to open saved incomplete status screenings and to copy existing voided, denied, or successfully processed screenings for the purpose of creating a new screening
- **Delete:** Used to delete **incomplete screenings only**
- **Print:** Used to view, preview, or print screenings



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Recall Function:

The “Recall” function is used for the purpose of correcting a screening without having to reenter all the information again.

Please be aware that when you recall a void, denial, or successfully processed screening, it will generate a new screening form ID number or Assessment Tracking Number (ATN). It is essentially a new Screening.

- If a screener makes an error on any part of the screening packet and it has been successfully submitted, the screening team contacts DMAS staff through the Screening Assistance mailbox and **requests a void** of the screening.
- Once voided, the screener can check the ePAS tracking status the following day and find the voided screening.
- The recall button can then be selected and it will copy the former screenings data and allow the screener to make needed corrections and resubmit the screening. This recalled screening will have a new Form ID number or ATN.



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Successfully Processed ePAS Submissions:

- Successful Submissions links to Virginia Medicaid Management Information System (VA-MMIS) and generates a record and claim for the Screening Agency associated with the NPI number entered on the DMAS 96 Authorization form.





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Incomplete ePAS Submissions:

- Screenings will not “Successfully Process” until all errors or problems are corrected or resolved.





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Incomplete ePAS Submissions:

If there are errors or missing information on any of the forms:

- A description of what is needed will list in red on the form itself (Example- not in valid format).
- A **“Denial”** error message will appear in the ePAS status tracking the day after attempted submission. A description of the error will be in a hyperlink.

See Denial Reference Sheet for list of solutions provided in the Medicaid LTSS Screening training!



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Issues caused by Incomplete ePAS Submissions

If the Screener passes along a screening that is in “incomplete”, “submitted for processing”, or “denied” ePAS status:

- It is INVALID
- It will cause issues for the individual needing services
- The Screening will NOT be recorded in the Medicaid System and the Screening Agency will not get paid
- Service providers and Health Plans will look for and not find this screening in the system before providing services



HOT TOPIC

Difference between Denied ePAS status error message and a Denied Screening for Medicaid LTSS:



Denied status-error message located in the Screeners ePAS status tracking means that there is something wrong with the screening which is preventing it from processing. It DOES NOT mean that ePAS determined the level of care (LOC) for the individual—only the screener can determine the LOC and mark a Medicaid LTSS selection on the DMAS 96 Authorization form.



Denied for Authorization or Medicaid LTSS means that the individual being screened did not meet NF level of Care (Functional, Medical Nursing Need, and being At-Risk) and is not eligible for Medicaid LTSS as determined by the Screener and documented on the DMAS 96 Authorization Form.



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ePAS Denial Error Messages

The most common error message in ePAS is:

MEDICAID AUTHORIZATION CODE IS INVALID IN CROSS EDIT VALIDATION

- This means the information the Screener entered on the UAI form regarding the individuals Level of Care and the selections made on the DMAS Medicaid Authorization (DMAS-g6 form) do not agree.

While ePAS will NOT make a final determination, the ePAS system **does cross-validate** some questions to check for consistent answers.



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ePAS - Error Messages in a Denied Screening

Virginia Medicaid

Home | Overview | Workflow | Services Authorization | Request History | EHR Integration | Provider Performance | Provider Enrollment | All Menus

View all ePAS screens | For information screening |

The ePAS screen displays the following information:

Assignment Set ID: [redacted]
Assignment Set Name: [redacted]
Assignment Type: [redacted]
Assignment Status: [redacted]
Assignment Approval Code: [redacted]
Assignment Approval Date: [redacted]
Assignment Approval Status: [redacted]
Assignment Approval Reason: [redacted]

Member's Information

Member ID: [redacted]
Name: [redacted]
DOB: [redacted]

Error Messages

TRACTING-SCREENING CODE IS INVALID-MEDICAL AUTHORIZATION CODE IS INVALID OR CODE NOT TRANSMITTED.

Back | Back to ePAS | Cancel



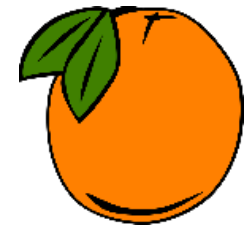
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Screening Denial for Authorization or Medicaid LTSS

If a Screener determines that an individual Does Not meet the nursing facility level of care, then a LTSS program choice will not be selected on the DMAS-g6 form. Screeners will make an alternate selection under the No Medicaid Service Authorized section of the DMAS-g6 form.

NO Medicaid Service Authorized options include:

- (8) Other Services Recommended,
- (9) Active Treatment for MI/ID or related condition, or
- (o) No Other Services Recommended.



Any information that is needed to support the Screening team's level of care decision must be documented in the Member's Case Summary that is located on the UAI.



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ePAS Submission Reminders:

- All LTSS Screening information should be entered into e-PAS, and **Successfully Processed**. Screening packets should only be printed and distributed to others once the electronic system Successfully Processes the information.
- Paper forms may be used as a tool while screening face to face with the individual but all information must be entered into ePAS.
- ePAS has electronic Signatures for the Screeners and the Physician
- Due to documentation procedures for the DMAS-97 form, the Screening Team will have to obtain pen and ink signatures for consent. Screeners are to keep a COPY of the DMAS-97 and the original copy should be forwarded to the provider and kept in the individual's official file. Screeners will also need to enter all DMAS-97 information into the electronic screening system.



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ePAS Features Review

- Demographic information auto-populates
- Screenings print with watermark of system status



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Auto Population Feature

- ePAS Auto-populates demographic information if an individual has previously applied for Medicaid or is a current Medicaid member.
- When a Screener enters an individual's Social Security Number e-PAS will auto populate with Name, Social Security Number, Medicaid ID Number, Date of Birth, Race, and Gender if the Social Security is found in the Virginia Medicaid Management Information System.
- Screeners should always check for accuracy of auto-populated demographics information before proceeding to the next section of the Screening.
- If the wrong info auto populates, the screener should first check to see if the correct Social Security Number was entered. Data entry errors with Social Security Numbers are common.



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Data Entry Errors:

- If a screener enters in a wrong Social Security Number into the screening form, but that social security number belongs to an existing Medicaid member, that member's demographics information will auto populate. If this happens, a Screener will have to delete the inaccurate screening and start again.
- If a Screener enters in a Social Security Number and nothing auto populates then the Screener must be very careful as this entry will establish an official Medicaid record in MMIS.



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Auto Populated Data Corrections

- Any incomplete screening with wrong auto populated information will have to be deleted by the Screener and a new one initiated AFTER information has been corrected in the Medicaid Information System. A request has to be sent to Screening Assistance and staff will work with the DMAS Enrollment Division to correct the error.
- Should a screening be successfully processed with the erroneous information, DMAS Screening staff must be notified to conduct a VOID as well at ScreeningAssistance@dmass.virginia.gov



HOT TOPIC



Watermark Feature

- Screening Packets can be printed from the ePAS system. These printouts will bare a watermark status on the top right hand corner of the screening: **Successfully Processed, Submitted for Processing, Denied, Void, or Incomplete.**
- Some providers look for this watermark to ensure they have received a properly processed and valid Screening packet.
- If you can't see the watermark on your print out, check the printer settings and margins.



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Issues and Needed Corrections

All LTSS Screening questions, Void Requests, Screening Corrections, or ePAS issues, please email ScreeningAssistance@dmas.virginia.gov

- **Please provide all of your contact information including:** Screener/Agency name, the name of the individual who was Screened, the Screening date, Social Security Number, Medicaid ID Number, ePAS form ID number if applicable, and a statement regarding the problem /error including the wrong and correct data that may have been used.
- Errors involving SSNs or Medicaid ID numbers may take additional time to resolve. The DMAS Screening Team has to complete additional steps to resolve the system errors. It is important that information entered into automated systems are accurate, particularly SSNs and Medicaid ID numbers to assure that electronic health records are correctly linked and claims paid for the correct person. For this reason, you are asked not to create your own "work arounds" to system problems.

Please double check all numbers associated with a record before finalizing the Screening forms submission.



HOT TOPIC

Other Topics-Determination Notifications

- Make sure that a Notification Letter with the Screening decision is completed and provided to the individual screened or his or her legal representative, Health Plan, and Service Provider.
- Sample approval and denial letters are located on the Medicaid Web Portal under Provider Services/Provider Forms Search. Appeal Rights and instructions **MUST** be provided when services are denied.





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Other Topics-Transferring Medicaid LTSS

- Screenings are transferrable and an individual can move freely among Medicaid LTSS options: **Nursing Facility, CCC Plus Waiver, or PACE.**
- After an initial Medicaid LTSS Screening is conducted and successfully processed in ePAS, a new screening is not needed NOR is an updated Screening required to transfer between programs.
- People who meet nursing facility level of care criteria are able to **choose** their services and transition between programs as long as they meet the criteria for the specific program.



Example: Some people living in a nursing facility may choose to try community living using the CCC Plus Waiver. Or someone who is using the CCC Plus Waiver can decide to use nursing facility services.



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Other Topics- Transferring and Documentation

- Health Plan Care Coordinators and/or former providers such as a Home Health Agency, Service Facilitator, NF, or PACE are responsible for sharing existing Screening Documentation with the new provider of choice
- Screening Teams are to provide copies of Screening Packets that were conducted within the past 6 years for adults and 6 years after the age of 21 for Children to requesting agencies and Care Coordinators.
- If the Screening is older than six years contact DMAS Screening Staff to see if any information can be obtained at ScreeningAssistance@dmass.virginia.gov

Always follow guidelines to ensure Protected Health Information (PHI)

LTSS Screening Connector

NEXT CALL



August 11, 2020

Join Us!

Question and Answers

Do you have a question?



Questions are the path to learning

Who to Contact Regarding Medicaid LTSS Screening Issues?



ScreeningAssistance@dmas.Virginia.gov